

stipulated by the administration of half a grain of opium every eight hours. Her diet cream and thin crackers with a little coffee, to have water freely when thirsty.

There was no departure from the recommendation of Dr. Sims either in the operation or after treatment, except in this. The doctor says "the patient's comfort is greatly promoted by washing the vulvar opening twice a day or oftener with warm or cold water, as may be preferred."

"For this purpose a common bed-pan is placed under the nates as she lies on the back; when the water may be thrown into the os externum, over the mons, vulva, and inguinal regions by means of a syringe holding some six or eight ounces. The water has to be thrown with considerable force to remove the urinary deposits from the nates and genitals."

I placed an oblong piece of oiled silk under the end of the catheter, pressing a fold gently between the labia, then folding the lower end in such a manner as to convey the urine as it escapes from the end of the catheter into a small, shallow vessel, tapering nearly to a point, placed between the thighs. If necessary the piece of oiled silk can be retained, by fastening a piece of tape to each of the upper ends, and attaching these to the abdomen by small adhesive strips. On the third day an examination was made and I found the sutures all doing well. On the eighth day the union was so perfect, that I removed the sutures, the cicatrix presenting a smooth and beautiful appearance.

The patient was replaced in bed and the recumbent position maintained for a week, and the use of the catheter also.

The bowels were moved on the tenth day by the administration of an enema of flaxseed mucilage. In the mean time not the slightest inconvenience resulted from constipating them that length of time.

The operation was performed eight weeks after she was delivered.

ART. XVIII.—*Tracheotomy for the Removal of a Persimmon Seed.*
By E. MASON, M. D. Wetumpka, Alabama.

ON the 11th of December, 1858, Mr. G. L., of Coosa County, brought his little son to me, and gave the following history of his case: The little fellow, seven years of age, while attempting to bend down a sapling, clinging to it with his hands and feet, his back towards the ground, was taken suddenly ill; his father, who came immediately to him, finding some persimmon seed in his mouth, suspected the difficulty, and sent for Dr. McKenzie, who lived close by. When the doctor arrived, he at once recognized a foreign substance in the trachea, and advised the child to be brought

to me for its removal. The accident occurred in the forenoon, and I saw the patient about twilight, by which time the urgent symptoms had passed off. His breathing was then croupy, cough troublesome, his countenance bore rather an anxious expression, and during the paroxysms of coughing, the foreign body could be distinctly heard passing up and down the trachea; but still these symptoms did not seem threatening, and he was comparatively comfortable.

The following morning he was seen in consultation with Drs. Moore and Harris, and the presence of the substance in the trachea gave so little inconvenience, that it was agreed that the little patient should be sent home, hoping the seed might be expelled during a paroxysm of coughing; but should he be threatened with suffocation, or should constitutional disturbance give warning of danger, his father was directed to give immediate notice.

From this time until the 15th he suffered very little inconvenience, except not being able to rest well at night. On that day he had some fever, which increasing on the 16th produced slight spasms. We were summoned to see him on the 17th, and found him pale, with a wild expression of countenance; there was considerable bronchial irritation, and the stridulous breathing was more aggravated, the paroxysms of cough were more severe, and his nervous system was considerably disturbed. The local symptoms and the constitutional irritation warned us that it was unsafe to wait longer for the expulsion of the foreign body by coughing.

Assisted by Drs. Moore, Harris, and McKenzie, I proceeded to perform tracheotomy. We attempted to put the patient under the influence of chloroform, but the feeling of suffocation became so distressing that he begged not to breathe it, urging that he would hold perfectly still, which promise, much to our astonishment, he faithfully kept. Commencing at the inferior border of the cricoid cartilage, I made an incision downwards nearly to the top of the sternum, and dissected carefully down towards the trachea. The thyriod vessels and the isthmus of the glands were pushed aside with the handle of the scalpel, and the dissection completed with the loss of but little blood. After waiting a few minutes for the slight hemorrhage to cease, I divided three rings of the trachea, and had the gratification of seeing the persimmon seed immediately expelled, with considerable force, through the opening, during an effort to cough. The wound was closed in the usual manner, and cold water dressing applied. He was given a mercurial, and put on small doses of tartar emetic, with opiates when necessary, to quiet his cough, or to procure rest. On the 19th air ceased to pass through the opening in the trachea, and the wound healed rapidly.

On the 20th the bronchial irritation and the febrile excitement subsided, and in a few days the little patient was well again.

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nal, Dr. Stone, after reporting a case of tracheotomy for the removal of a grain of corn, appends some excellent remarks in favour of immediate action, where it is ascertained that foreign bodies have lodged in the trachea. Although the case above reported did well after waiting six days, yet I am satisfied that the delay subjected the patient to great risk, and under similar circumstances I should operate immediately. The danger of sudden suffocation, and of grave local and constitutional irritation from the presence of a foreign substance remaining in the trachea, overbalance the possibility of its being expelled during a paroxysm of coughing.

ART. XIX.—*On Incurved Toe Nail.* By ISAAC G. PORTER, M. D.,
of New London, Conn.

HAVING myself been a sufferer (*οὐοιωπαθητός*) from this annoying affection, I can speak feelingly on the subject, and I am induced to record my experience, personal and otherwise, in regard to it, in the hope of affording relief to others similarly afflicted.

This affection arose in my case, as is usual, from wearing too short a boot, by which the dorsum and edges of the nail were pressed downwards, and the integuments upwards, for want of room. At the time of its occurrence, I was visiting similar cases, and, it being easier to manipulate on others than on one's self, they escaped with only slight inflammation and suffering, but before I was aware, profuse granulation had occurred in my case, and months elapsed before the annoyance ceased. It is well known how surely and rapidly recovery ensues in such affections, when from any cause, such as a fever, the patient is compelled to cease walking, and to recline in a horizontal position; but the problem is, as in this case, how to be restored, without relinquishing active exercise. Treatment was attempted by endeavouring to remove pressure, and drawing the soft parts from contact with the nail by adhesive plaster, at the same time interposing lint. Inflammation and suppuration, however, having occurred at the outset, the integuments being thereby thickened and enlarged, and the granulations profuse and irritable, the edge and corner of the offending nail could not be removed. Caustics and the knife were frequently used, but no permanent

¹ Sydenham inculcates the beautiful sentiment, that "the physician ought seriously to consider, that he, himself, is not exempt from the common lot of mankind, but is subject to the same laws of mortality, the same accidents, and the same sorrows as others; therefore, let him, fellow sufferer (*οὐοιωπαθητός*) as he is, with greater diligence and love, seek to relieve the sick and the afflicted."